

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4						
5						
6		1				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		1				
19		1				
20		1				
21		1				
22		1				
23		2				
24		2				
25		2				
26		2				
27		2				
28		1				
29	1					
30	0					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	2					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		1						
52		1						
53	1							
54								
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56								
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96								
97								
98								
99								
100								
TOTAL IND.	2							
TOTAL DEP.	68							
TOTAL CLAIMS	70							